

1. CIR./DIST./DIV. CODE WYX	2. PERSON REPRESENTED Kellogg, Dale	VOUCHER NUMBER 110222000105						
3. MAG. DKT./DEF. NUMBER 10-MJ-053-D	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) USA vs. Dale Kellogg	8. PAYMENT CATEGORY Appeal	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE CC Criminal case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:13-9999.P (Petty Offense Violations)								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS: Name: James Whiting		13. COURT ORDER: Prior Attorney's Name _____ Appointment Dates _____						
Address: Whiting Law P.C. 315 Main St. Suite 10 Lander, WY, 82520		<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in his case, OR						
Phone # (307) 332-5534		<input type="checkbox"/> Other (See Instructions)						
Fax # (307) 332-5562								
14. NAME AND ADDRESS OF LAW FIRM (Only provide per instructions)								
Name: _____		Signature of presiding Judicial Officer or By Order of the Court Hollie R. Downes						
Address: _____		Date of Order 12/30/09	Nunc Pro Tunc Date					
Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> Yes <input type="checkbox"/> No								
15. CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY				
Categories (Attach itemization of services w/ dates)		HOURS CLAIMED	In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on add'l sheets) TOTALS	TOTAL AMOUNT CLAIMED	Math/Tech. Adjusted Hrs	Math/Tech. Adjusted Amounts	Additional Review	Amount Authorized
15.	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
	-	-		-	-	-	-	
16.	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal Research and brief writing d. Travel time e. Investigative & other work (Specify)	7.3 - 15.1 - 1.6	909.50 - 1,887.50 - 200.00	- - - - -	- - - - -	- - - - -	909.50 - 1,887.50 - 200.00	
	TOTALS	24.0	2,997.00	✓	-	-	2,997.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)								
18. Other Expenses (other than expert, transcripts, etc.)				10.51			10.51	
GRAND TOTALS (CLAIMED AND ADJUSTED):				3,007.51			3,007.51	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE From: 12/30/2009 to: 1/12/2011				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION:	21. CASE DISPOSITION 1/12/11 <i>Ongoing-Court w/ fees</i>			
22. CLAIM STATUS: <input checked="" type="radio"/> Final Payment <input type="radio"/> Interim Payment Number _____ (Payment #)				<input type="radio"/> Supplemental Payment				
Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, were you paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets.				
I swear or affirm the truth or correctness of the above statements. Signature of Attorney <i>Hollie R. Downes</i>								
Date 19 Jan 2011								
APPROVED FOR PAYMENT-COURT USE ONLY								
23. IN COURT COMP. -	24. OUT OF COURT COMP. 2,997.00	25. TRAVEL EXPENSES -	26. OTHER EXPENSES 10.51	27. TOTAL AMT. APPR. - Check if Certified <input type="checkbox"/>	3,007.51			
28. SIGNATURE OF THE PRESIDING JUDGE <i>Hollie R. Downes</i>		DATE 2/2/11		28a. JUDGE CODE 8905				
29. IN COURT COMP. -	30. OUT OF COURT COMP. 2,997.00	31. TRAVEL EXPENSES -	32. OTHER EXPENSES 10.51	33. TOTAL AMT. APPR./CERT. 3,007.51	34a. JUDGE CODE - 018			
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Hollie R. Downes</i>				DATE 2/8/11				